

PTO/SB/17 (10-07)  
Approved for use through 06/30/2010 DMB 0851-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2006  
Fee pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818)

# FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 465)

|                          |             |
|--------------------------|-------------|
| <b>Complete If Known</b> |             |
| Application Number       | 09/892,351  |
| Filing Date              | 28 June 01  |
| First Named Inventor     | MARK DAWSON |
| Examiner Name            |             |
| Art Unit                 | 2623        |
| Attorney Docket No.      |             |

**METHOD OF PAYMENT** (check all that apply)

|   |   |                                      |                               |   |
|---|---|--------------------------------------|-------------------------------|---|
| <input checked="" type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input type="checkbox"/> Deposit Account Deposit Account Number: _____ Deposit Account Name: _____          |   |                                      |                               |   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)      |   |                                      |                               |   |
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                                      |                               |   |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Credit any overpayments                                  |                                      |                               |   |

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| APPLICATION Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fee Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|---------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |               |
| Utility          | 310         | 155                   | 510         | 255                   | 210              | 105                   |               |
| Design           | 210         | 105                   | 100         | 50                    | 130              | 65                    |               |
| Plant            | 210         | 105                   | 310         | 155                   | 160              | 80                    |               |
| Reissue          | 310         | 155                   | 510         | 255                   | 620              | 310                   |               |
| Provisional      | 210         | 105                   | 0           | 0                     | 0                | 0                     |               |

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

**Fee (\$)** **Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Total Claims Extra Claims Fee (\$)

Fee (\$)

Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|              |              |  |          |               |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 =      | / 50 =       | (round up to a whole number) x                   | =        |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

1:136(a)

Fee Paid (\$)

Other (e.g., late filing surcharge):

1:17(e)

Fee Paid (\$)

**SUBMITTED BY**

Signature

Registration No.

(ATTORNEY/AGENT)

Telephone

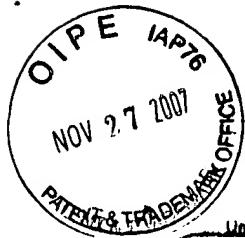
Name (Print/Type)

M. DAWSON

Date 25 Nov 01

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO 9199 and select option 2.



PTO/SB/21 (11-07)  
Approved for use through 11/30/2007 OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **4**

|                        |                    |
|------------------------|--------------------|
| Application Number     | <b>09/892,351</b>  |
| Filing Date            | <b>28 June 01</b>  |
| First Named Inventor   | <b>MARK DAWSON</b> |
| Art Unit               | <b>2623</b>        |
| Examiner Name          |                    |
| Attorney Docket Number |                    |

### ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Change of Correspondence Address                 | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              |   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD. Number of CD(s) _____                        |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |
| Remarks<br><b>+RCE transmitted</b>  |   |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                  |
|--------------|------------------|
| Firm Name    | <b>Self</b>      |
| Signature    |                  |
| Printed name | <b>M. DAWSON</b> |
| Date         | <b>26 Nov 07</b> |
| Reg. No.     |                  |

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |                  |
|-----------------------|------------------|
| Signature             |                  |
| Typed or printed name | <b>M. DAWSON</b> |
| Date                  | <b>26 Nov 07</b> |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.